

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40487

STATE FILE NUMBER

5223

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

JACKSON

Inside Limits
Yes ☒ No ☐

Reside on Farm
Yes ☐ No ☒

Month Day Year
November 4, 1957

IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HRS.

U.S.A.

VA Hospital Official Records, K. C. Mo.

11-4-57

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19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

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1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY				c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION VA HOSPITAL 38 YEARS			
3. NAME OF DECEASED (Type or print) First Middle Last AARON T. MARCONETTE				4. DATE OF DEATH November 4, 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH January 22, 1896	
9. AGE (In years last birthday) 61		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter - RETIRED		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Shannon County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13. FATHER'S NAME Warren Marconette			
14. MOTHER'S MAIDEN NAME Laura B. Goodman				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI			
16. SOCIAL SECURITY NO. 493 22 1605				17. INFORMANT Address VA Hospital Official Records, K. C. Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Recurrent carcinoma of stomach with extension & massive metastasis, to the liver; gastrointestinal hemorrhage. Conditions, if any, which gave rise to above cause: (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 1517
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from April 18, 1957, to November 4, 1957. Death occurred at 11:05 AM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE A. J. WILLIAMS, M.D. <i>A. J. Williams</i>				22b. ADDRESS VA Hospital, Kansas City, Mo.		22c. DATE SIGNED 11-4-57	
23a. BURIAL, CREMATION, etc. Burial		23b. DATE Nov. 7, 1957		23c. NAME OF CEMETERY OR CREMATORY CHAPEL HILL MEM. GARDENS		23d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS	
24. FUNERAL DIRECTOR D.W. NEW COMERS SONS		ADDRESS 1331 BAWN CREEK KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 11-7-57		26. REGISTRAR'S SIGNATURE <i>Irene Minshall</i>	



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Chester K. Brown*

Licensed Embalmer No. *49*

P. O. Address *KE*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.